

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09934257

CLAIMS AS FILED - PART I

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 52            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 52 minus 20 = | 32                       |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  | (Column 3)       |
|---|-------------|---|-------|---|------------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|   | Total       | 52  | Minus | 52  | = 0              |
|   | Independent | 3   | Minus | 3   | = 0              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| SMALL ENTITY |        | OTHER THAN<br>SMALL ENTITY |                  |
|--------------|--------|----------------------------|------------------|
| RATE         | FEES   | RATE                       | FEES             |
| BASIC FEE    | 355.00 | OR                         | BASIC FEE 710.00 |
| X\$ 9=       | 288    | OR                         | X\$18=           |
| X40=         | 8      | OR                         | X80=             |
| +135=        | 8      | OR                         | +270=            |
| TOTAL        | 643    | OR                         | TOTAL            |

| SMALL ENTITY     |                        | OTHER THAN<br>SMALL ENTITY |                        |
|------------------|------------------------|----------------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR                         | X\$18=                 |
| X40=             |                        | OR                         | X80=                   |
| +135=            |                        | OR                         | +270=                  |
| TOTAL ADDIT. FEE |                        | OR                         | TOTAL ADDIT. FEE       |

| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  | (Column 3)       |
|---|-------------|---|-------|---|------------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|   | Total       | 23  | Minus | 52  | =                |
|   | Independent | 2   | Minus | 3   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| RATE              |  | RATE              |                  |
|-------------------|--|-------------------|------------------|
| ADDITIONAL<br>FEE |  | ADDITIONAL<br>FEE |                  |
| X\$ 9=            |  | OR                | X\$18=           |
| X40=              |  | OR                | X80=             |
| +135=             |  | OR                | +270=            |
| TOTAL ADDIT. FEE  |  | OR                | TOTAL ADDIT. FEE |

| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  | (Column 3)       |
|---|-------------|---|-------|---|------------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|   | Total       |   | Minus | ...   | =                |
|   | Independent |   | Minus | ...   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| RATE              |  | RATE              |                  |
|-------------------|--|-------------------|------------------|
| ADDITIONAL<br>FEE |  | ADDITIONAL<br>FEE |                  |
| X\$ 9=            |  | OR                | X\$18=           |
| X40=              |  | OR                | X80=             |
| +135=             |  | OR                | +270=            |
| TOTAL ADDIT. FEE  |  | OR                | TOTAL ADDIT. FEE |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.